

**MULTIPLE DEPENDENT CLAIM**  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/501052**  
 FILING DATE

CLAIMS			
	AS FILED		
	IND.	DEP.	IND. DEP.
AFTER 1st AMENDMENT			
AFTER 2nd AMENDMENT			
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TOTAL CLAIMS	10	8	2
TOTAL DEP.			
TOTAL IND.			

CLAIMS			
	AS FILED		
	IND.	DEP.	IND. DEP.
AFTER 1st AMENDMENT			
AFTER 2nd AMENDMENT			
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TOTAL CLAIMS			
TOTAL DEP.			
TOTAL IND.			

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